

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY

GUIDELINES FOR DEEP PHYSICAL AGENT MODALITIES (DPAM) SPECIALTY CERTIFICATION APPLICATION PROCESS

It shall be unlawful for a person licensed under this chapter to utilize occupational therapy interventions involving deep physical agent modalities, unless requirements have been met

In accordance with The Occupational Therapy Practice Act, KRS 319A .080 (4), and the Administrative Regulations, 201 KAR 28:170, which provide procedures for putting The Act into practice, all of the following documents must be submitted to KBLOT prior to being approved for DPAM Specialty Certification.

- A. Completed ***DPAM Specialty Certification Application Form*** with the \$25.00 application fee in the form of a **check or money order** made out to the **Kentucky State Treasurer**.
- B. Completed ***DPAM Training and Instruction Form*** for your specific level of licensure or DPAM requirements
 - a. occupational therapist, OT/L
 - b. occupational therapy assistant or, OTA/L
 - c. occupational therapist also certified as a hand therapist. OT/L, CHT
- C. Completed ***DPAM Educational Requirements Course, Workshop, Seminar Description Form(s)*** for **each** training and instruction session attended.
- D. Completed ***DPAM Supervised Treatment Sessions Form***.
 - a. The supervisor(s) signing off on the specific treatment sessions must meet the requirements to be a DPAM Supervisor prior to the supervised treatment session(s) taking place.
 - b. For information about the DPAM Supervisor Application Process, please refer to these separate guidelines. ***Guidelines for DPAM Supervisor Application Process***.

Mail To:
Kentucky Board of Licensure for Occupational Therapy
P.O. Box 1360
Frankfort, KY 40602

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY

GUIDELINES FOR DEEP PHYSICAL AGENT MODALITIES (DPAM) TRAINING & INSTRUCTION FORM

The training and instruction shall be earned by direct personal participation in courses, workshops, or seminars. The course content must include specific areas pertaining to the application and use of deep physical agent modalities.

In accordance with The Occupational Therapy Practice Act, KRS 319A .080 (4), and the Administrative Regulations, 201 KAR 28:170, which provide procedures for putting the Act into practice, specific training and instruction must be demonstrated prior to being approved as DPAM Specialty Certified.

For completing the ***DPAM Training and Instruction Form***, you must determine your level of licensure or DPAM requirements as specified in KRS 319 A. 080. (4).

- c. occupational therapist must demonstrate thirty-six (36) hours of training
- d. occupational therapy assistant must demonstrate seventy-two (72) hours of training
- e. occupational therapist, also certified as a hand therapist must demonstrate twelve (12) hours of training

On the ***DPAM Training and Instruction Form***, the topics for each course, workshop or seminar must determine the specific content areas covered. The letters a – j correspond to the following content areas:

- a) Principles of physics related to specific properties of light, water, temperature, sound, and electricity;
- (b) Physiological, neurophysiological, and electrophysiological changes which occur as a result of the application of each of the agents identified in KRS 319A.010(8);
- administration of agents within the philosophical framework of occupational therapy;
- (d) The rational and application of the use of deep physical agents;
- (e) The physical concepts of ion movement;
- (f) Critical thinking and decision making regarding the indications and contraindications in the use of deep physical agents;
- (g) Types selection and placement of various agents utilized;
- (h) Methods of documenting the effectiveness of immediate and long-term effects of interventions;
- (i) Characteristics of equipment including safe operation, adjustment, and care of the equipment; and
- (j) Application and storage of specific pharmacological agents.

Kentucky Board of Licensure for Occupational Therapy
P.O. Box 1360
Frankfort, KY 40602

\$ 25.00 Fee Received _____
Date _____

**KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY
DEEP PHYSICAL AGENT MODALITIES SPECIALTY CERTIFICATION**

APPLICATION

1. Licensee Name _____
Last First Middle Maiden

2. License Number _____ ☐ OT ☐ OT, CHT* ☐ OTA

3. Address _____
Mailing Address

City State Zip

This address must be the same as the address on file in the Kentucky Board of Licensure for Occupational Therapy's office. You must notify the Board within 30 days of an address change..

4. Daytime Phone _____ - _____ Other Phone _____ - _____

5. ☐ Yes ☐ No I have enclosed the required \$25.00 DPAM Specialty Certification Application fee in the form of check or money order made payable to Kentucky State Treasurer.

6. ☐ Yes ☐ No I certify that I have successfully completed the required hours of instruction earned through direct personal participation in courses, workshops, or seminars and have a DPAM Educational Requirements form attached for each workshop attended.

7. ☐ Yes ☐ No I certify that the courses, workshops, or seminars successfully covered each required topic area listed in 201 KAR 28:170 Section 3 (2) (a) – (j).

8. ☐ Yes ☐ No I have completed and attached the correct ***DPAM Specialty Certification Training and Instruction Form*** for my level of licensure and training requirement as specified by KRS 319A.080 Section 4.

9. ☐ Yes ☐ No I have correctly calculated the actual hours of course, workshop or seminar content, subtracting breaks, meals, and business meetings.

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my Deep Physical Agent Modalities Specialty Certification application could be rejected or my license revoked by the Kentucky Board of Licensure for Occupational Therapy.

Signature of Deep Physical Agent Specialty Certification Applicant

Date

* An Occupational Therapist holding a CHT must enclose verification of current credentials from the American Society of Hand Therapists.

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY
DEEP PHYSICAL AGENT MODALITIES SPECIALTY CERTIFICATION
OCCUPATIONAL THERAPIST TRAINING & INSTRUCTION FORM

1. Licensee Name _____
Last
First
Middle
Maiden

2. License Number _____

3. Address _____
Mailing Address

City
State
Zip

This address must be the same as the address on file in the Kentucky Board of Licensure for Occupational Therapy's office. You must notify the Board within 30 days of an address change.

Please list all courses, workshops and seminars participated in for completion of requirements as listed in 201 KAR 28:170 Section 3. The 36 hours of training and instruction must document direct personal participation time. This does not include time in courses, workshops or seminars that were considered breaks, meals, or business meetings.

Date(s) of Course	Course Title	Hours	Check topics included									
			a	b	c	d	e	f	g	h	i	j
TOTAL HOURS COMPLETED (minimum of 36 hours required)			Each column above must contain at least one check									

A *DPAM Course, Workshop or Seminar Description Form* must be completed for each course listed in the table above.

APPLICANT'S AFFIDAVIT	
I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my Deep Physical Agent Modalities Specialty Certification application could be rejected or my license revoked by the Kentucky Board of Licensure for Occupational Therapy.	
_____ Signature of Deep Physical Agent Specialty Certification Applicant	_____ Date

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY
DEEP PHYSICAL AGENT MODALITIES SPECIALTY CERTIFICATION
OCCUPATIONAL THERAPY ASSISTANT TRAINING & INSTRUCTION FORM

1. Licensee Name _____

Last
First
Middle
Maiden

2. License Number _____

3. Address _____

Mailing Address

City
State
Zip

This address must be the same as the address on file in the Kentucky Board of Licensure for Occupational Therapy's office. You must notify the Board within 30 days of an address change.

Please list all courses, workshops and seminars participated in for completion of requirements as listed in 201 KAR 28:170 Section 3. The 72 hours of training and instruction must document direct personal participation time. This does not include time in courses, workshops or seminars that were considered breaks, meals, or business meetings.

Date(s) of Course	Course Title	Hours	Check topics included									
			a	b	c	d	e	f	g	h	i	j
TOTAL HOURS COMPLETED (minimum of 72 hours required)			Each column above must contain at least one check									

A DPAM Course, Workshop or Seminar Description Form must be completed for each course listed in the table above.

APPLICANT'S AFFIDAVIT	
<p>I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my Deep Physical Agent Modalities Specialty Certification application could be rejected or my license revoked by the Kentucky Board of Licensure for Occupational Therapy.</p>	
<p>_____ Signature of Deep Physical Agent Specialty Certification Applicant</p>	<p>_____ Date</p>

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY

DEEP PHYSICAL AGENT MODALITIES SPECIALTY CERTIFICATION

OCCUPATIONAL THERAPIST, CHT TRAINING & INSTRUCTION FORM

1. Licensee Name _____
Last First Middle Maiden

2. License Number _____

3. Address _____
Mailing Address

City State Zip

This address must be the same as the address on file in the Kentucky Board of Licensure for Occupational Therapy's office. You must notify the Board within 30 days of an address change.

Please list all courses, workshops and seminars participated in for completion of requirements as listed in 201 KAR 28:170 Section 3. The 12 hours of training and instruction must document direct personal participation time. This does not include time in courses, workshops or seminars that were considered breaks, meals, or business meetings.

Date(s) of Course	Course Title	Hours	Check topics included									
			a	b	c	d	e	f	g	h	i	j
TOTAL HOURS COMPLETED (minimum of 12 hours required)			Each column above must contain at least one check									

A DPAM Course, Workshop or Seminar Description Form must be completed for each course listed in the table above.

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my Deep Physical Agent Modalities Specialty Certification application could be rejected or my license revoked by the Kentucky Board of Licensure for Occupational Therapy.

Signature of Deep Physical Agent Specialty Certification Applicant

Date

**KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY
DEEP PHYSICAL AGENT MODALITIES SPECIALTY CERTIFICATION
EDUCATIONAL REQUIREMENTS**

Course, Workshop or Seminar Description

Please complete a separate form for each course, workshop or seminar utilized to establish completion of the educational requirements for Kentucky Deep Physical Agent Modalities Specialty Certification

1. Licensee Name _____
Last First Middle Maiden

2. License Number _____

3. Address _____
Mailing Address

City State Zip

4. Program Title _____

Date of Program _____

5. Program Presenter _____

6. Organization Sponsoring the Course _____

7. Location of Program _____

8. Start Time _____ End Time _____ Break Times _____

Breaks, meals, or business meetings can not be included in the calculation of total hours

9. Total Contact Hours _____

10. Was the program approved or recognized by AOTA [] Yes [] No

11. Was the program approved or recognized by the American Society of Hand Therapists [] Yes [] No

12. Was the program pre- approved by the Board [] Yes [] No

13. Please attach a copy of the course syllabus or a description of the workshop or seminar which includes a summary of learning objectives and teaching methods employed in the workshop or seminar.

14. Please include official verification of attendance signed by the designated program official confirming the applicant's successful training or course completion.

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my Deep Physical Agent Modalities Specialty Certification application could be rejected or my license revoked by the Kentucky Board of Licensure for Occupational Therapy.

Signature of Deep Physical Agent Specialty Certification Applicant

Date

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY
DEEP PHYSICAL AGENT MODALITIES SPECIALTY CERTIFICATION

SUPERVISED TREATMENT SESSIONS FORM

1. Licensee Name _____
Last First Middle Maiden

2. License Number _____

3. Address _____
Mailing Address

City State Zip

This address must be the same as the address on file in the Kentucky Board of Licensure for Occupational Therapy's office. You must notify the Board within 30 days of an address change.

The information in the table below **MUST** be completed by the KBLOT approved DPAM supervisor providing direct supervision for the treatment session. Each session must be signed and dated on the date the treatment occurred.

DPAM Supervisor Print Name: _____

Specific DPAM Utilized	Demonstration of knowledge skill and competence in the areas of						Signature of DPAM Supervisor Approved by the Board and Date
	a	b	c	d	e	f	
Iontophoresis							
Ultrasound							
Electrical Stimulation							

The supervised treatment sessions must include at least one session of iontophoresis, ultrasound and electrical stimulation. The remaining two sessions may be cover any DPAM identified in KRS 319 A.010 (8).

DPAM SPECIALTY CERTIFICATION APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my Deep Physical Agent Modalities Specialty Certification application could be rejected or my license revoked by the Kentucky Board of Licensure for Occupational Therapy.

Signature of Deep Physical Agent Specialty Certification **Applicant**

Date